NOV. 14. 2005 4:30PM NO. 8493 P. 2 GLAXO WELLCOME. PART B - FEE(S) TRANSMITTAL Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Complete and send the form, together with applicable fee(s), to: Mail NOV 1 4-2005 Alexandria, Virginia 22313-1450 INSTRUCTIONS: This for should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further experience including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated that produce the product of the current correspondence address as indicated that produce the product of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance transfer attorns. (571) 273-2885 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Uso Block 1 for any change of address) 23347 7590 08/25/2005 Certificate of Mailing or Transmission

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transmitted to the USPTO (571) 273-2885, on the date indicated below. GLAXOSMITHKLINE CORPORATE INTELLECTUAL PROPERTY, MAI B475 FIVE MOORE DR., PO BOX 13398 RESEARCH TRIANGLE PARK, NC 27709-3398 11/15/2005 TBESHAH2 00000064 071392 09914830 Pfejffer (Depositor's name) Marjorie J. 1 FC:1501 FC:8001 1400.00 DA November (Date 12.00 DA CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE 4156 PG3614USW 09/24/2001 Anthony Paurick Jones 09/914.830 TITLE OF INVENTION: MEDICAMENT DELIVERY SYSTEM PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE SMALL ENTITY ISSUE FEE APPLN, TYPE 11/25/2005 **\$0** \$1400 \$1400 NO nonprovisional ART UNIT CLASS-SUBCLASS EXAMINER 3743 128-200230 MITCHELL, TÉENA KAY Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). , 2. For printing on the patent front page, list James F. Riek (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE SMITHKLINE BEECHAM CORPORATION Philadelphia, Pennsylvania Please clicck the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🗀 Government 45. Payment of Fec(s): 4n. The following fcc(s) are enclosed: 🖄 Issuc Fee A check in the smount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038; is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 0.77-1.39.2 (coclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY starus, See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27-The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature Typed or printed name

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39,009 Registration No.

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From Marjorie J. Pfeiffer

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E-mail marjorie.j.pfeiffer@gsk.com

Date November 14, 2005 Pages including cover 3

Subject Fee(s) Transmittal – Appl. No. 09/914,830

GlaxoSmithKline
PO Box 13398
Five Moore Drive
Research Triangle Park
North Carolina 27709

Tel: 919 483 2100 www.gsk.com

Re:

Fee(s) Transmittal

Application of Anthony Patrick JONES et al.

U.S. Serial No.: 09/914,830; Filed: September 24, 2001

Date of Mailing "Notice of Allowance and Fees Due": August 25, 2005

Confirmation No. 4156

Title: Medicament Delivery System
Attorney Docket No. PU3614USw

## Attached:

 Fee(s) Transmittal (Part B), in duplicate with Certificate of Transmission (37 CFR 1.8(a))

This supercedes fee(s)
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